

REMARKS

I Disposition of Claims

Claims 1 and 4-11 are currently pending. Claims 1 and 9 are currently amended. Support for the amendment to Claim 1 can be found throughout the specification, for example, at page 14, lines 21-23; page 17, lines 1-3; and in Figure 34. Support for the amendment to Claim 9 can be found in original Claims 1-3; at page 15, lines 7-28; and in Figure 2 and 10. No new matter has been added.

II. Novelty

Claims 1, 4 and 5 were rejected under 35 U.S.C. §102(b) as being anticipated by Botich et al. (US 5,188,599). In order for a claim to be anticipated by a reference, every feature recited in the claim must be found within the reference. The Examiner has asserted in his Response to Arguments that "applicant does not clearly claim which side of the flange is deemed to be the rear surface therefore it is the examiner's position that the distal surface (surface closer to the needle) of the flange is the rear surface and therefore Botich still encompasses the limitations of the claim." Applicant has now clearly defined that the "front" surface of the flange is the side where the syringe tip is located (distal) and that the rear is the proximal surface. Therefore, there is now no ambiguity in construing the claim with regard to the orientation of the projection on the flange.

Botich discloses a projection formed on the front surface of the flange of a syringe, not on the rear surface of the flange as recited in present Claim 1. Furthermore, in Botich the front surface of the flange, which is just opposite the side of the projection, does not touch the front wall of the groove when the flange is inserted into the flange insertion groove. In contrast, the present claims recite that the projection provided on the rear surface of the flange is capable of being compressed when inserted into the flange insertion groove, thereby allowing the front surface of the flange to touch the front surface of the groove. These features are neither disclosed nor suggested by Botich. Thus, Claims 1, 4 and 5 are not anticipated by this reference.

Claim 9 was rejected under 35 U.S.C. §102(b) as being anticipated by Bitdinger et al. (US 5,667,495). Bitdinger does not teach or suggest a projection on a rear inner wall surface of the flange insertion groove configured such that the projection will become deformed when compressed by the insertion by the flange. Thus, Claim 9 cannot be anticipated by Bitdinger.

III Non-Obviousness

Claim 10 was rejected under 35 U.S.C. 103(a) as being unpatentable over Bitdinger (*supra.*) in view of Stanners. As stated above, Bitdinger neither teaches nor suggests the invention as recited in claim 9. The Examiner asserts that Stanners teaches how to modify Bitdinger to include a concave portion on the rear surface of the flange. However, Stanners does not teach how to modify Bitdinger to include all the limitation of Claim 9 as discussed above. Therefore a *prima facie* case of obviousness cannot be supported and the claim should be allowed.

Claims 6-7 were rejected under 35 U.S.C. 103(a) as being unpatentable over Botich et al. (US 5,188,599). As stated above, Botich neither teaches nor suggests all of the features recited in claim 1. Since claims 6 and 7 depend from claim 1, these claims cannot be obvious in view of this reference because a *prima facie* case of obviousness cannot be established.

Claim 8 was rejected under 35 U.S.C. 103(a) as being unpatentable over Botich et al. in view of Bitdinger et al. (US 5,667,495). However, the combination of these references would not lead to the claimed invention. The deficiencies in the teachings of Botich et al. with regard to claim 1 are discussed above. These deficiencies are not cured by Bitdinger which neither teaches nor suggests the features lacking in Botich et al., namely a projection formed on the front surface of the flange of a syringe, and that the projection provided on the rear surface of the flange is capable of being compressed when inserted into the flange insertion groove, thereby allowing the front surface of the flange to touch the front surface of the groove. Thus, a *prima facie* case of obviousness cannot be established and claim 8 cannot be obvious over this combination of references.

Claim 11 was rejected under 35 U.S.C. 103(a) as being unpatentable over Botich et al. in view of Ritz (US 3,438,549) or Tompkins (US 4,030,498). The Examiner asserts that Ritz and Tompkins teach pre-filled syringes. As stated above, Botich neither teaches nor suggests all of the features recited in Claim 1. These deficiencies are not cured by Ritz or Tompkins, neither of which teach nor suggest the features lacking in Botich et al., namely a projection formed on the front surface of the flange of a syringe, and that the projection provided on the rear surface of the flange is capable of being compressed when inserted into the flange insertion groove, thereby

allowing the front surface of the flange to touch the front surface of the groove. Thus, Claim 11, which depends from Claim 1 or from Claims 4-7 (which are also dependent on claim 1), cannot be obvious in view of this combination of references.

In view of the amendments and comments presented above, applicants respectfully request withdrawal of the rejections under 35 U.S.C. §103(a).

CONCLUSION


In view of the above, it is submitted that the claims are in condition for allowance. Reconsideration and withdrawal of all outstanding rejections are respectfully requested. Allowance of the claims at an early date is solicited. If any points remain that can be resolved by telephone, the Examiner is invited to contact the undersigned at the below-given telephone number.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

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